



CONNECTICUT VACCINE PROGRAM (CVP) Adult Patient Eligibility Screening Record

Patient's Name: _____

Date of Birth: _____

Provider: _____

This patient qualifies for immunization through the Connecticut Vaccine Program (CVP) since he/she is 19 years of age or older and (check only one box):

- (A) Has no health insurance/self-pay ☐
- (B) Is under-insured (has health insurance that does not cover vaccines or only covers select vaccines). ☐
- (C) Is receiving a Tdap vaccine as part of the Tdap cocoon program. ☐

A record must be kept in the healthcare provider's office that reflects the status of all individuals who receive vaccine from the CVP. The record may be completed by the individual or by the healthcare provider. The record does not have to be updated unless the eligibility status of the patient has changed. While verification of responses is not required, it is necessary to retain this or a similar record for each patient receiving vaccine for a minimum of three years after service to the patient has been completed.

Patient Eligibility must be verified and documented for **every immunization visit**. Please document that eligibility screening was verified with the initials of the person who performed the screening.

Date of screening (mo/day/year)	Initials

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